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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/735,670	12/16/2003	Gakushi Aota	8071-1001	2825	
466 YOUNG & TH	7590 02/13/200 <b>OMPSON</b>	8	EXAMINER		
745 SOUTH 23		ISSAC, ROY P			
2ND FLOOR ARLINGTON,	VA 22202		ART UNIT	PAPER NUMBER	
			1623		
			MAIL DATE	DELIVERY MODE	
			02/13/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intensions Commons	10/735,670	/735,670 AOTA, GAKUSHI	
Interview Summary	Examiner	Art Unit	
	ROY P. ISSAC	1623	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>ROY P. ISSAC</u> .	(3)		
(2) Robert Madsen.	(4)		
Date of Interview: <u>08 February 2008</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <i>None</i> .			
Identification of prior art discussed: None.			
Agreement with respect to the claims f)☐ was reached. g	)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>The attorney confirmed at the attorney confirmed at the substance of Interview including description of the general reached.</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE OF THE SUBSTANCE OF THE	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
requirements on reverse side or on attached sheet.			
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)